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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

BMA2015

First Named Inventor

Jacqueline Victoria Pehrson

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TACTILE REMINDER DEVICE

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application
Number(s)

Country

Foreign Filing Date
(MM/DD/YYYY)Priority
Not Claimed

Certified Copy Attached?

YES

NO

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number or Bar Code Label **30245** OR ☐ Correspondence address below**Name** Anthony Edw. J Campbell**Address** 6721 Northridge Drive**City** Dallas **State** TX **ZIP** 75214-3156**Country** US **Telephone** 214/841-4500 **Fax** 561/264-6176

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor**Given Name** Jacqueline Victoria **Family Name** Pehrson
(first and middle [if any]) or Surname**Inventor's Signature** *Jacqueline Victoria Pehrson* **Date** 1-6-02**Residence: City** Westford **State** MA **Country** US **Citizenship** US**Mailing Address** 72½ Plain Road**City** Westford **State** MA **ZIP** 01886 **Country** US**NAME OF SECOND INVENTOR:** ☐ A petition has been filed for this unsigned inventor**Given Name** **Family Name**
(first and middle [if any]) or Surname**Inventor's Signature** **Date****Residence: City** **State** **Country** **Citizenship****Mailing Address****City** **State** **ZIP** **Country**☐ Additional inventors are being named on the — — supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Jacqueline Victoria Pehrson

Title

TACTILE REMINDER DEVICE

Group Art Unit

Examiner Name

Attorney Docket Number

BMA2015

I hereby appoint:

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30245

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☐ Practitioner(s) named below:

Name	Registration Number
Anthony Edw. J Campbell	39,619

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Jacqueline Victoria Pehrson

Signature

Jacqueline Victoria Pehrson - Jacqueline Victoria Pehrson

Date

1-6-02 1-6-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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